

CONTRACT FOR CARRIAGE / DISPATCH NOTE

DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Reeds 0051
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 4880189685



SUBBD27574580

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le creuset Killarney</u>		Company Name <u>Le creuset mail of Africa</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 100</u>		Street Address <u>Shop 2040</u>				<input type="checkbox"/> Express	
<u>Killarney Mall</u>		<u>Cnr Allanridge &</u>				<input type="checkbox"/> With Sunrise Option	
<u>60 Riviera Road</u>		<u>Ben Schoeman Highway</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Killarney</u>		Suburb <u>Waterfall Estate</u>				<input type="checkbox"/> Public Holiday Service	
City/Town <u>JHB</u>	Postal Code <u>2193</u>	City/Town <u>JHB</u>	Postal Code <u>2066</u>	<input type="checkbox"/> Economy		<input type="checkbox"/> After Hours	
Contact <u>Fund.</u>	Phone <u>011 646 6318</u>	Contact <u>minute</u>	Phone <u>011 668 2097</u>	<input type="checkbox"/> BLNS Customs Tariff		<input type="checkbox"/> 1. ONLINE	
Destination Country	<input checked="" type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	<input type="checkbox"/> 3. EFT	
Sender's Reference <u>UT13965124</u>		Analysis Code				Total Mass (Kg)	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No <u>027766</u>	Bill To <input type="checkbox"/> Sender	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>	If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.			
<p>IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 14.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 14.6, 14.5 AND 14.7 OVERLEAF).</p>							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number			
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)		
<u>1</u>		<u>1 BOX</u>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>PHINDILE</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>UOL</u>			
Date Received: <u>260718</u>		Time Received: <u>1050</u>		Date Received: <u>250718</u>		Time Received: <u>1539</u>	
Signature:				Signature:			

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